## PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUI	MENT # P98000	0004400				
T. Comporation	ESTMENTS CORP., INC.					
Principal Place	e of Bysiness	Mailing Address		- F IND WOSA LER CALLACTER IN MARTER AND LES DOUT AND IN	) GREIN ALBIN BIRRY	ABTII Buit Inci
1532 SE 14TH		1532 SE 14TH ST.				
CAPE CORAL FL 33990 CAPE CORAL FL 33990				DO NOT WRITE IN THI	IS SOACE	
İ				3. Date Incorporated or Qualifed	3 SPACE	
1				01/08/1998		
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	I Ao	plied For
<u> </u>	ace of Dusiness	26		65-0804525		t Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	•	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added I	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	ntangible	□No
24	25	29 30	0)	Personal Property Tax.  10. Name and Address of New Registere		740
	9. Name and Address of Curre	nt Registered Agent	81 Name	IG. Name and Address of few Address	o Agoin	
PHC	KETT, LOIS					
1532 SE 14TH ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		1	
CAPE CORAL FL 33990		83				
[					11	
\ ~~			84 City	F		
	4. W. Januarian Constinue CO7 OF					
11. Pursuant office or r agent. I a	uu ta'unnat mitu' aud accebe me ociiñ	ations of, Section 607.0000, Fioric	e caracter.	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	Till Tamillian With, and accept the collig	ent and title if applicable. (NOTE: Re	egistered Agent signature requir	red when reinstating) DATE		
SIGNATURÉ	M familiar with, and accept the cong Signature, typed or printed name of registered ap OFFICERS A	ations of, Section 607.0000, Fioric	e caracter.			
SIGNATURE  12.	Signature, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (NOTE: Ru NO DIRECTORS	agistered Agent signature requir	red when reinstating) DATE	AND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ag OFFICERS A D PUCKETT, LOIS	ent and little if applicable. (NOTE: Ru NO DIRECTORS	agistared Agant signature required 13.	red when reinstating) DATE	AND DIRECTO	DRS IN 12
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6.4 CRY-ST-ZP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

PUCKETT

SIGNATURE

STREET ADDRESS

4-30-99

941-574-6919

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90117 007 \*\*\*150.00